

9812 64E9 9000 0152 1002

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
OFFICIAL USE		
Postage	\$	Postmark Here <i>1:01-CR-09(3)</i> <i>DOC. 220</i> <i>7/31/07</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
Sent To <i>ISADORE GENNINGS</i> Street, Apt. No., or PO Box No. <i>03394-061, FCI, P.O. BOX 1000</i> City, State, ZIP+4 <i>LORETTO PA 15940</i>		
PS Form 3800, January 2001		See Reverse for Instructions